

**REQUEST FOR PESTICIDE REGISTRY
OR PESTICIDE APPLICATION INFORMATION
NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH RESEARCH SCIENCE BOARD**

**I. ORGANIZATION AND INDIVIDUAL REQUESTING PESTICIDE REGISTRY
INFORMATION OR PESTICIDE APPLICATION INFORMATION:**

A. Project Director: _____

B. Position Title: _____

C. Organization: (include Branch, Division, Department, etc.):

D. Street address or PO Box: _____

E. City/State/Zip Code: _____

F. Telephone (Area Code): _____

FAX #: _____ E-mail Address: _____

Project Director (last name, first initial): _____

II. PROJECT DESCRIPTION:

A. Title of Project:

B. Sponsor(s) of Project (if any):

- C. 1. Releasable Abstract of Proposed Research Project (please attach to this form, 100 words maximum).
2. Full Research Proposal or Protocol (please attach to this form). Relevant information, such as the relationship between the proposed project and the information sought from the Pesticide Registry or pesticide applicator, may assist the Board's evaluation of the researcher's request for Pesticide Registry or pesticide application information.
3. The Research Proposal should also explain how, and why, the proposed project is human health related research and why the publicly available aggregate pesticide data are not sufficient for the proposed project.

D. Biographical Sketch - see attached sheets.

E. Is the research project to be conducted under the auspices of an institution?
☐ Yes ☐ No

F. If the response to Item E is yes, please provide a copy of the Institutional Review Board or other equivalent review board approval of such proposal or protocol or, if such approval has not been obtained, documentation from such IRB or equivalent review board as to why such approval is not required. If the Institutional Review Board has approved the research proposal or protocol, please also provide documentation that the Institutional Review Board has been approved by the New York State Department of Health and/or the federal government.

G. If the response to Item E is no, please provide the following:

1. A copy of IRB or other equivalent review board approval of the proposal or protocol or, if such approval has not been obtained, documentation from such

Project Director (last name, first initial): _____

IRB or equivalent review board as to why such approval is not required. If the IRB has approved the research proposal or protocol, please also provide documentation that the IRB has been approved by the New York State Department of Health and/or the federal government.

2. Copies of at least one, but no more than three, articles you have authored that were published in peer-reviewed scientific journals. Criteria typically used for evaluating scientific papers, such as primary authorship, recency and relevance to the proposed research project, may be considered by the Board in its evaluation of the researcher's request for Pesticide Registry information or pesticide application information.
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- H. Please identify, by name, title, responsibility, organization and relationship to the proposed project, each person designated to obtain and/or have access to confidential Pesticide Registry information or pesticide application information (information which contains the name, address or other information that would identify a commercial or private applicator of pesticides or any person who receives the services of a commercial applicator). Please attach a list with this information to this form.
 - I. Please attach the specific written plan you will follow to maintain the confidentiality of confidential pesticide registry information or pesticide application information. This must include strict requirements concerning data accessibility and contain policies regarding both physical and electronic access including security settings, network connections, and any possible movement of the data. Provisions shall be made, using current computer security knowledge and technology, to secure and limit access to confidential information stored on network computers or computers with an Internet connection.

Project Director (last name, first initial): _____

III. INFORMATION BEING REQUESTED FROM THE PESTICIDE REGISTRY OR PESTICIDE APPLICATOR(S):

- A. TIME FRAME
Range: Day(s)/Week(s)/Month(s)/Year(s): _____
- B. GEOGRAPHIC AREA
5 Digit Zip Code(s)/County(ies)/Statewide _____
- C. PESTICIDE DESCRIPTION
EPA Registration Number(s)/Product Name(s) _____
- D. ENTIRE DATA BASE

Signature

Date

Send completed form to:

Director, Division of Environmental Health Assessment
New York State Department of Health
Flanigan Square, Room 500
547 River Street
Troy, New York 12180-2216
Phone Number: (518) 402-7511, Fax Number: (518) 402-7509

Project Director (last name, first initial): _____

BIOGRAPHICAL SKETCH

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(S)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, please list, in chronological order, previous employment and experience. List, in chronological order, the titles, all authors, and complete references to up to five publications most closely related to the proposed project and up to five other significant publications. Describe your involvement in human health related research.

EMPLOYMENT AND EXPERIENCE

SELECT PUBLICATIONS

Project Director (last name, first initial): _____

INVOLVEMENT IN HUMAN HEALTH RELATED RESEARCH (1 PAGE MAXIMUM)